

85451

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 HARRY GEORGE JENSEN		DATE OF DEATH (month, day, year) 2 June 1, 1980	
RACE White, Black, American Indian, etc. (specify) 3 White		DATE OF BIRTH (month, day, year) 6 April 18, 1922	
COUNTY OF DEATH 7a Klamath	CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) 8 Pennsylvania	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Pearl L. Jensen
SOCIAL SECURITY NUMBER 13 165-12-0270	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Dock Foreman	KIND OF BUSINESS OR INDUSTRY 14b Creamery	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 2504 Eberlein 97601
FATHER—NAME first middle last 16 Edward Christian Jensen	MOTHER—Maiden Name first middle last 17 Vianna - Heuges	INFORMANT—NAME and relationship to deceased 18 Pearl Lorraine Jensen, wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a William J. Davenport	NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Fletcher F. Conn, MD		DATE SIGNED (Mo., Day, Yr.) 21b 6-4-80	HOUR OF DEATH 21c 10:40 A. M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Fletcher F. Conn, MD, 1905 Main Street, Klamath Falls, Oregon 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JUN 5 1980		REGISTRAR 22b (Signature) Marian Ackerman	
IMMEDIATE CAUSE PART I (a) Cardio-pulmonary arrest		Interval between onset and death immediate	
DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary atherosclerosis		Interval between onset and death 6 months	
DUE TO, OR AS A CONSEQUENCE OF: (c) Carcinoma of the lung		Interval between onset and death 10 months	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date JUN 10 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 11th day of June A.D., 1980 at 1:25 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 10719.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha Hellock Deputy